

INTRODUCTION



In Washington State and throughout the nation, injuries are the leading cause of death for children 1-17 years old. Injuries are often called “accidents,” suggesting that they are unpredictable and unavoidable. However, research shows that the vast majority of injuries can be prevented. This is the tragedy of injury – most of the resulting deaths, disabilities and disfigurements need not have happened at all. In addition to the tremendous burden of grief on families, injuries cause a significant burden on state resources in terms of costs, lost productivity, and long-term disability.

The purpose of this report is to provide an overview of the leading causes of injuries among

Washington children, as well as best practices for injury prevention. Our goal is to provide injury prevention strategies in a readable, useful format, so that the prevention messages can be easily shared with the public.

The “*Washington State Childhood Injury Report*” is a report from the Injury Prevention Program with collaboration from the Office of Maternal and Child Health, and data and technical support from the Office of Emergency Medical and Trauma Prevention and the Center for Health Statistics at the Washington State Department of Health.

The target audiences for this report are individuals and organizations in Washington State interested in injury prevention, including health care providers, emergency medical service professionals, SAFE KIDS Coalitions, Child Death Review (CDR) teams, local health jurisdictions, child passenger safety teams, injury prevention professionals and groups, such as the Drowning Prevention Network, and the media.

This report includes chapters that focus on the causes of injury (also called the ‘mechanism’ of injury), as well as chapters that identify the leading causes of injury by age. Included in these chapters are recommended ‘best practices’ for prevention at the individual and community level. These practices are based on research, literature review, and applied best practices.

Key Terms Used In This Report

Intent

- The terms “intentional” and “unintentional” are used in this report to indicate whether or not the act was intended to harm a person.
- For example, injuries to children who fall from a bicycle or are burned in a house fire are *unintentional* injuries, while assaults to a child or self-inflicted injuries (suicide) are *intentional* injuries.
- Unintended injuries may be called intentional even if causing injury was not the primary motivation. For example, when a caregiver is trying to quiet a child they may not have intended to injure the child, but as a result of their actions the child was injured.

Rate

The term “rate” is also used extensively throughout the report. A rate is the total number of occurrences in a specified time period divided by the total population in that same time period. That number is then multiplied by 100,000. For example, the injury death rate for Washington children ages 0-17 is 14.4 per 100,000.

See Appendix A for additional explanation of rates and definitions of other terms used in this report.

Severity of Injury

Data in this report includes injuries that result in death or hospitalization.¹ An estimate of emergency department visits is also included, and is based on data collected from a representative sample across the nation because Washington State data are not collected. Injuries treated in doctors' offices or clinics, at home, or other places are not included in this report because the information is not collected statewide.

While the injuries in this report reflect the most severe outcomes, they also represent a small part of all injuries or "the tip of the injury pyramid". Data derived from the most severe injuries may provide a skewed picture of all injuries. However, severe injuries are also the ones that would be the best to prevent. Many minor childhood

injuries that result in scrapes and bruises may be an important and normal part of children's experimentation with their environment, but may not need to be the focus public health intervention efforts.

The injury pyramid is the most commonly used model of injury severity, and is also useful for emphasizing the burden of injury on the health care system. Severity is displayed on the pyramid by the level of medical intervention. The injury pyramid using Washington State data during 1999-2001, shows that for every childhood death caused by injury, there are about 16 hospitalizations, 300 emergency department visits, and about 400 calls to a physicians' office.²

**The Injury Pyramid
Washington Children
Ages 0-17, 1999-2001**

